



Have You an Idea?

Something new? Different? Better? An easier way to get a job done? A simpler approach? More efficient? Cheaper? Faster?

As a health officer, hospital administrator, nurse, sanitarian, health educator—whatever your position—the day-to-day problems you face more than likely have counterparts in many other places. How you tackle your tasks may be of very real help to others in similar situations. And notes on how they handle their problems may help you.

This "Ideas" section is a place to exchange experiences and approaches. You, as well as your colleagues, will benefit when you send in your ideas.

—THE EDITORS

Council on Mental Health

GEORGIA. An interagency council on mental health has been formed to join avenues of cooperation in meeting mental health needs. The State departments of welfare, education, higher learning, vocational rehabilitation, prisons and corrections, health, employment, and others are usually represented. Participants take turns at being host. Liaison between agencies is discussed and mutual problems shared in the hope that solutions may be worked out more readily.

At one meeting the group worked on a plan for a general statement of their collective mental health needs to be presented to the Citizens' Council and then channeled out to the employees of the organizations represented. In this way, the statement would eventually reach some

20,000 teachers, health workers, and government workers, informing them of the needs and the plans to meet those needs being developed jointly by the official agencies of the State.

Rural School Health

CLINTONDALE, N. Y. A teacher at the Tri-borough School asked a public health nurse for help in including health in her teaching. A public health educator was called in and met with a student-teacher committee. The school's interests were many: safety, good breakfasts, personal hygiene. The students wanted to be "doing things," and a school health program seemed to tie in with 4-H projects in the health field. So Miss Louise Archibald, assistant county 4-H agent, became a part of the planning committee.

Monthly programs began at the school in December. The first meeting concerned nutrition. Films followed by group discussions roused interest. Teachers extended the idea into the classroom along with reading, writing, and arithmetic. The student planning committee decided they would like to prove to themselves that eating the right food pays. Rat feeding demonstrations were begun in the classroom. The program is expanding into all age groups, and the planning group is formulating a long-range health program for their school which will branch out in the community.

Ring Testing in Cattle

MINNESOTA. Three mobile laboratories are being used for a cattle ring testing program in the 53 Minnesota counties not included in the State's "area plan" for controlling brucellosis, or Bang's disease.

The area plan, already operative in the other 34 Minnesota counties, provides for the systematic blood testing of cattle after a petition has been signed by at least 67 percent of a county's cattle owners and accepted by the State livestock sanitary board.

Ring testing is an effective screening device in those counties not under the systematic blood testing plan. The mobile units receive and test milk samples collected from dairy herds without charge to the herd owner. When the ring test is found to be positive, suggesting that brucellosis may be present, owners are advised to have all cattle blood tested individually by veterinarians to discover diseased animals.

So far the program has covered 14 of the 53 counties, and approximately 25 percent of the milk samples tested have suggested the presence of brucellosis.

Not at Home?

OKLAHOMA. In his round of dairy farm inspections, the milk sanitarian cannot always contact the dairyman at the time of inspection to discuss violations. The most effective inspections are those where the sanitarian can discuss first the crops and the weather and then the dairy items needing correction. On nearly half of his inspections, the sanitarian finds that the farmer is either not at home or working in the fields. Often when an inspection is made, and the inspection sheet thumbtacked to the milkhouse wall, the dairyman may not notice it for days. If the sheet is left on the cooler, contrary to the standard milk ordinance, the dairyman or his wife may see it, but it soon becomes lost, possibly before the necessary corrections have been made..

At least one Oklahoma State sanitarian increases the value of his "not-at-home" inspections by using this procedure:

If milkstone is found on milker heads, strainers, pails, or other utensils, this information is noted with a red wax pencil on the outside of the utensil. Notes on half sheets of paper are laid on, or thumbtacked near, such violations as dirty teat cups, a torn screen, or unused equipment stored in the milkhouse. Although the inspection sheet is self-explanatory, there is little or no space for writing in comments or details of violations—but the pin-

pointing of violations makes it easier for the dairy farmer to locate and correct such violations.

Dishwashing Efficiency

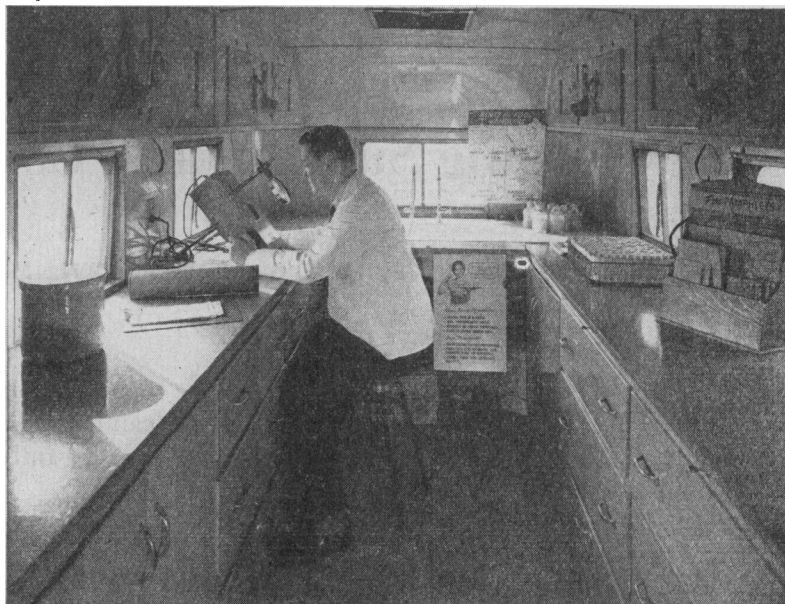
CONNECTICUT. A mobile laboratory has been checking dishwashing efficiency in local Connecticut eating places since December 1949 as a part of the State's education program in restaurant sanitation.

The itinerary of the laboratory trailer is planned for several months in advance to coincide with local meetings of restaurant proprietors, their employees, and local health department personnel. The fundamental principles of food sanitation are stressed at the well-attended meetings, which are held in an atmosphere of friendliness. Talks, movies, leaflets on sanitary food handling and cleansing of eating utensils are featured. Displays of actual bacteria growth from samples obtained at local restaurants point home the necessity for cleanliness.

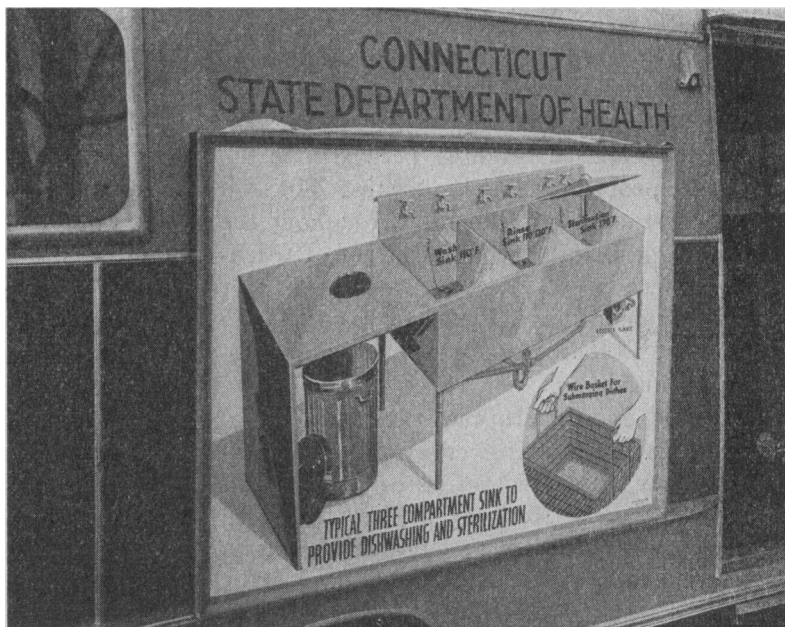
Prior to a meeting, a laboratory technician, working in the trailer, makes a swab test to indicate the number of bacteria on eating utensils. The same tests are part of the routine inspection of each eating establishment when a trailer is located for serving a town.

The swab test is a good index of the efficiency of the washing and bactericidal processes used in a restaurant. A sample is obtained from five swabbings made on five different eating utensils—glasses, cups, cutlery—using a piece of sterile cotton to swab the inside and outside edges of each utensil three times and transferring all bacteria collected to an iced sterile solution. A portion of the sample solution is then tested in the trailer laboratory where an advantage lies in immediate processing before final laboratory testing.

The two photographs on this page of the interior and exterior of the laboratory illustrate two major educational functions it performs as part of the Connecticut restaurant sanitation program: how the technician works at his job; what type of improved equipment the health department recommends.



A bacteria count of swab-test samples obtained from restaurants is made by bacteriologist working in trailer laboratory. Bacteria counts at 98.6° F. are considered satisfactory if below 100. Counts between 100 and 500 are high. Counts over 500 are excessive and call for improved equipment and procedures. The trailer technique provides an advantage by making possible immediate processing before final laboratory testing.



Large side panel on exterior of mobile laboratory illustrates type of sink recommended in the Connecticut restaurant-sanitation program. Other educational aspects of the program stress short conferences for food handlers in towns visited by the laboratory.